

ASCLD/LAB® INSPECTION REPORT



**AUSTIN POLICE DEPARTMENT
FORENSIC SCIENCE DIVISION**

Inspected: April 26-29, 2010

INTRODUCTION

This is the report of the ASCLD/LAB accreditation inspection of the Austin Police Department Forensic Science Division Crime Laboratory which was conducted during the period of April 26-29, 2010.

The ASCLD/LAB inspection team consisted of the following members:

Rodney H. Andrus, Staff Inspector, ASCLD/LAB, Fresno, CA

Terry Gallegos, Tucson Police Department, Tucson, AZ

Melissa C. Keith, Oklahoma City Police Department, Oklahoma City, OK

Greg L. Soltis, FBI Laboratory, Quantico, VA

Stephanie Souza, Contra Costa County Sheriff's Department, Martinez, CA

Thomas P. Riley, Michigan State Police, Lansing, MI

Karen Green, Washington State Police, Seattle, WA

Mike Hurley, Staff Inspector, ASCLD/LAB, Eugene, OR

This report and the findings, observations, conclusions and recommendations are for pre-decisional purposes only. The inspection was performed using the principles, standards and criteria established in the 2008 version of the ASCLD/LAB Accreditation Manual and the 2009 version of the FBI "Quality Assurance Standards Audit for Forensic DNA Testing Laboratories."

LABORATORY OVERVIEW

The Austin Police Department Forensic Science Division Crime Laboratory is a government laboratory which provides services primarily in the City of Austin. The laboratory is located at 812 Springdale Road, Austin, Texas and is seeking renewal of its ASCLD/LAB accreditation. Forensic Science Division Manager Bill Gibbens, reports to the Chief of Field Support Bureau Ed Harris. The Laboratory provides services in the disciplines of Controlled Substances, Toxicology (blood alcohol only), Biology, Firearms/Toolmarks, Latent Prints and Crime Scene. The Laboratory has a staff of fifty eight (58) testifying analysts and nine (9) support staff.

INSPECTION TEAM FINDINGS

The inspection team's scoring of each of the ASCLD/LAB Accreditation Standards and Evaluation Criteria from the 2008 Accreditation Manual follows. Each criterion for which the inspection team determined the laboratory to be in compliance is scored "Yes." Each criterion for which the inspection team found the laboratory to not be in total compliance is scored "No." Each criterion which is not applicable to the inspection of this laboratory is scored "N/A." The Summary portion of the report documents the basis for all non-compliance and all non-applicable findings of the Inspection Team.

STANDARDS AND CRITERIA

The laboratory should establish objectives which are relevant to the community that it serves and communicate them to all employees orally and in written form.

		Yes	No	N/A
1.1.1.1 (I)	Does the laboratory have a written statement of its objectives?	<u>✓</u>	___	___
1.1.1.2 (I)	Do the objectives appear to be relevant to the needs of the community serviced by the laboratory?	<u>✓</u>	___	___
1.1.1.3 (D)	Does the laboratory staff understand and support the objectives?	<u>✓</u>	___	___

A laboratory or its parent agency should have a formal written budget which is consistent with the forensic services provided by it.

1.1.2.1 (I)	Does the laboratory or its parent agency have a formal written budget?	<u>✓</u>	___	___
1.1.2.2 (I)	Is the budget adequate to meet the written objectives?	<u>✓</u>	___	___

Clearly written and well understood procedures must exist for handling and preserving the integrity of evidence; laboratory security; preparation, storage, security and disposition of case records and reports; control of materials and supplies; maintenance and calibration of equipment and instruments; and for operation of individual characteristic databases. Clearly written and well understood documentation or procedures should also exist for job requirements and descriptions; personnel evaluations and objectives; and for employee complaints concerning the quality system.

Does clearly written and well understood documentation or procedure exist for the following:

1.1.2.3 (E)	Handling and preserving the integrity of evidence?	<u>✓</u>	___	___
1.1.2.4 (E)	Laboratory security?	<u>✓</u>	___	___
1.1.2.5 (E)	Preparation, storage, security and disposition of case records and reports?	___	<u>✓</u>	___
1.1.2.6 (E)	Control of materials and supplies?	<u>✓</u>	___	___
1.1.2.7 (E)	Maintenance and calibration of equipment and instruments?	<u>✓</u>	___	___
1.1.2.8 (E)	Operation of individual characteristic databases?	<u>✓</u>	___	___
1.1.2.9 (D)	Job requirements and descriptions?	<u>✓</u>	___	___
1.1.2.10 (D)	Personnel evaluations and objectives?	<u>✓</u>	___	___
1.1.2.11 (D)	Employee complaints concerning the quality system?	<u>✓</u>	___	___

A laboratory should have a management information system which provides information which assists the laboratory in accomplishing its objectives.

	Yes	No	N/A
1.1.2.12 (I) Does the laboratory have and use a management information system?	<u>✓</u>	<u> </u>	<u> </u>

The laboratory manager should be able to relate the organizational structure to interacting variables such as those stated in the principle.

1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?	<u> </u>	<u>✓</u>	<u> </u>
1.2.1.2 (D) Has the laboratory director considered and taken appropriate action to correct any discrepancies with regard to numbers of personnel when grouping work and resources?	<u>✓</u>	<u> </u>	<u> </u>

The laboratory director should have authority commensurate with the assigned responsibilities.

1.2.2.1 (I) Is the laboratory director's authority well defined?	<u>✓</u>	<u> </u>	<u> </u>
1.2.2.2 (I) Does the laboratory director have authority commensurate with responsibilities?	<u>✓</u>	<u> </u>	<u> </u>

Delegation of authority within the laboratory should follow the organizational process outlined in the principle.

1.2.2.3 (I) Is there sufficient delegation of authority?	<u>✓</u>	<u> </u>	<u> </u>
1.2.2.4 (I) Is authority of supervisors commensurate with their responsibilities?	<u>✓</u>	<u> </u>	<u> </u>
1.2.2.5 (I) Is each subordinate accountable to one and only one immediate supervisor per function?	<u>✓</u>	<u> </u>	<u> </u>
1.2.2.6 (I) Are performance expectations established and are they understood by laboratory personnel?	<u>✓</u>	<u> </u>	<u> </u>

Constructive discussion should occur between supervisors and subordinates.

1.3.1.1 (D) Is there constructive discussion between supervisors and subordinates?	<u>✓</u>	<u> </u>	<u> </u>
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Supervisors should carefully and objectively review laboratory activities and personnel.

1.3.1.2 (I) Do supervisors carefully and objectively review laboratory activities and personnel?	<u>✓</u>	<u> </u>	<u> </u>
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Supervisory techniques should encourage creative thinking and objectivity and should recognize meritorious performance of subordinates.

	Yes	No	N/A
1.3.1.3 (D) Do the supervisory techniques encourage creative, objective thinking and recognize meritorious performance?	<u>✓</u>	<u> </u>	<u> </u>

Communication within the laboratory should exist for coordination of case work and to ensure wide dissemination of technical and operational information.

1.3.2.1 (D) Does an effective means of communication exist within the laboratory?	<u>✓</u>	<u> </u>	<u> </u>
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A training program to develop the technical skills of employees is essential in each applicable discipline and subdiscipline.

1.3.3.1 (E) Does the laboratory have and use a documented training program in each discipline and subdiscipline for employees who are new, untrained or in need of remedial training?	<u>✓</u>	<u> </u>	<u> </u>
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A formalized personnel development program is important to prepare employees to assume more responsible jobs.

1.3.3.2 (I) Does the laboratory have an employee development program?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should maintain an adequate forensic library to include literature published in the applicable functional areas.

1.3.3.3 (I) Does the forensic library contain current books, journals, and other literature dealing with each functional area?	<u>✓</u>	<u> </u>	<u> </u>
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A system or procedure should exist to encourage a review of appropriate new literature by personnel.

1.3.3.4 (I) Does a system exist to encourage each examiner to review appropriate new literature?	<u>✓</u>	<u> </u>	<u> </u>
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A chain of custody record must be maintained which provides a comprehensive, documented history of each evidence transfer over which the laboratory has control.

1.4.1.1 (E) Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?	<u> </u>	<u>✓</u>	<u> </u>
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Each individual item of evidence must be marked for identification, when practical. If the item does not lend itself to marking, its proximal container or identifying tag must be marked.

1.4.1.2 (E) Is all evidence marked for identification?	<u> </u>	<u>✓</u>	<u> </u>
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Evidence seals must be designed and used to protect the integrity of the evidence.

1.4.1.3 (E) Is evidence stored under proper seal?	<u>✓</u>	<u> </u>	<u> </u>
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Procedural precautions must exist which reduce the risk of evidence loss, cross transfer, contamination and /or other deleterious change.

	Yes	No	N/A
1.4.1.4 (E) Is evidence protected from loss, cross transfer, contamination and/or deleterious change?	_____	_____✓_____	_____

A secure area for overnight and/or long-term storage of evidence must be available.

1.4.1.5 (E) Is there a secure area for overnight and/or long-term storage of evidence?	_____	_____✓_____	_____
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A forensic laboratory must establish whether individual characteristic database samples are treated as evidence, reference materials, or examination documentation.

1.4.1.6 (E) Has the laboratory established whether individual characteristic database samples are treated as evidence, reference materials, or examination documentation?	_____✓_____	_____	_____
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Each individual characteristic database sample under the control of the laboratory must be uniquely identified.

1.4.1.7 (E) Is each individual characteristic database sample under the control of the laboratory uniquely identified?	_____✓_____	_____	_____
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Procedural precautions must exist which reduce the risk of individual characteristic database sample loss, cross transfer, contamination and /or other deleterious change.

1.4.1.8 (E) Are individual characteristic database samples protected from loss, cross transfer, contamination and/or deleterious change?	_____✓_____	_____	_____
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Access to individual characteristic database samples under the control of the laboratory must be restricted to those persons authorized by the laboratory director.

1.4.1.9 (E) Is access to individual characteristic database samples restricted to those persons authorized by the laboratory director?	_____✓_____	_____	_____
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All elements of a laboratory's quality system must be clearly documented in a quality manual which is kept current under the responsibility of a quality manager.

1.4.2.1 (E) Does the laboratory have a comprehensive quality manual?	_____✓_____	_____	_____
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A laboratory must have an individual designated as the Quality Manager.

1.4.2.2 (E) Is an individual designated as the quality manager?	_____✓_____	_____	_____
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To verify that its operations continue to comply with the requirements of its quality system and the standards under which ASCLD/LAB accreditation was granted, each accredited laboratory must conduct an annual audit of its operations and submit an Annual Accreditation Audit Report (Appendix 6) to ASCLD/LAB by the anniversary of its accreditation.

		Yes	No	N/A
1.4.2.3 (E)	Did the accredited laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?	_____	<u>✓</u>	_____

The quality system requires that laboratory management conduct a review at least once yearly to ensure the continued suitability and effectiveness of such a system.

1.4.2.4 (E)	Does the laboratory conduct and document an annual review of its quality system?	<u>✓</u>	_____	_____
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Procedures used must be generally accepted in the field or supported by data gathered and recorded in a scientific manner.

1.4.2.5 (E)	Are the procedures used generally accepted in the field or supported by data gathered and recorded in a scientific manner?	<u>✓</u>	_____	_____
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New technical procedures must be validated to prove their efficacy in examining evidence material before being implemented on casework.

1.4.2.6 (E)	Are new technical procedures scientifically validated before being used in casework and is the validation documentation available for review?	<u>✓</u>	_____	_____
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The laboratory must maintain written copies of appropriate technical procedures.

1.4.2.7 (E)	Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?	_____	<u>✓</u>	_____
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Controls and standard samples must be used and documented in the case record to ensure the validity of the testing parameters and, thereby, the conclusion.

1.4.2.8 (E)	Are appropriate controls and standards specified in the procedures and are they used and documented in the case record to ensure the validity of examination results?	<u>✓</u>	_____	_____
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The quality of the standard samples and reagents must be adequate for the procedure used.

1.4.2.9 (E)	Is the quality of the standard samples and reagents adequate for the procedure used?	<u>✓</u>	_____	_____
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All reagents must be routinely tested for their reliability.

1.4.2.10 (E)	Does the laboratory routinely check the reliability of its reagents?	<u>✓</u>	_____	_____
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Instruments/equipment should be adequate for the procedures used.

1.4.2.11 (I)	Are the instruments/equipment adequate for the procedures used?	<u>✓</u>	_____	_____
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Instruments/equipment should be maintained in proper working order.

	Yes	No	N/A
1.4.2.12 (I) Are the instruments/equipment in proper working order?	<u>✓</u>	<u> </u>	<u> </u>

Instruments/equipment must be properly calibrated and calibration records maintained for all calibrated instruments.

1.4.2.13 (E) Are the instruments/equipment properly calibrated?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory must create and maintain a uniquely identified case record for all administrative and examination documentation generated and/or received by the laboratory for each case involving the analysis of evidence.

1.4.2.14 (E) Does the laboratory create and maintain a uniquely identified case record for all examination and administrative documentation generated and/or received by the laboratory for each case involving the analysis of evidence?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory's unique case identifier must be on each page of examination documentation, and the handwritten initials (or secure electronic equivalent) of the person generating the examination documentation must be on each page generated by that person.

1.4.2.15 (E) Does the laboratory's unique case identifier appear on each page of examination documentation, and does the handwritten initials (or secure electronic equivalent) of the person generating the examination documentation appear on each page generated by that person?	<u>✓</u>	<u> </u>	<u> </u>
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Examination documentation must be sufficiently detailed to support the conclusions and opinions reported by the examiner(s) and must be such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data. Examination documentation must be of a permanent nature and must be free of obliterations and erasures.

1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?	<u> </u>	<u>✓</u>	<u> </u>
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1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations and erasures?	<u> </u>	<u>✓</u>	<u> </u>
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Laboratory personnel who issue findings based on examination documentation generated by another person(s) must complete and document the review of all relevant pages of examination documentation in the case record.

1.4.2.18 (E) Has each person(s) in the laboratory who issued findings based on examination documentation generated by another person, completed a review of all relevant pages of examination documentation and documented the review in the case record?	<u>✓</u>	<u> </u>	<u> </u>
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Written reports must be generated for all analytical work performed on evidence by the laboratory and must contain the conclusions and opinions that address the purpose for which the analytical work was undertaken. The significance of associations made must be communicated clearly and qualified properly. The name of the author(s) must appear in the report.

	Yes	No	N/A
1.4.2.19 (E) Does the laboratory generate written reports for all analytical work performed on evidence, and do the reports contain the conclusions and opinions that address the purpose for which the analytical work was undertaken?	<u>✓</u>	<u> </u>	<u> </u>

1.4.2.20 (E) Where associations are made, is the significance of the association communicated clearly and qualified properly in the report?	<u> </u>	<u>✓</u>	<u> </u>
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1.4.2.21 (E) Does the name of the author(s) appear in the report?	<u>✓</u>	<u> </u>	<u> </u>
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It is essential that a representative number of reports be subjected to a technical review.

1.4.2.22 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?	<u> </u>	<u>✓</u>	<u> </u>
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Administrative reviews must be conducted to ensure the completeness and correctness of the reports issued.

1.4.2.23 (E) Does the laboratory conduct and document administrative reviews of all reports issued?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory must have and follow a written procedure whereby the testimony of each examiner is monitored at least once every year.

1.4.2.24 (E) Does the laboratory monitor the testimony of each examiner at least annually and is the examiner given feedback from the evaluation?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory must have a written procedure which it uses to initiate a review and to take corrective action when the laboratory has an indication of a significant problem with a technical procedure or the work of an analyst.

1.4.2.25 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?	<u> </u>	<u>✓</u>	<u> </u>
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Each laboratory must have a documented program of proficiency testing which measures the capability of its examiners and the reliability of its analytical results.

1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?	<u> </u>	<u>✓</u>	<u> </u>
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The laboratory must participate in proficiency testing programs in which samples are provided by an external test provider. ASCLD/LAB approved providers must be used where available.

	Yes	No	N/A
1.4.3.2 (E) Does the laboratory participate in proficiency testing programs conducted by approved test providers or by other external provider(s) when no approved provider is available?	<u>✓</u>	<u> </u>	<u> </u>

Each Examiner should be proficiency tested annually in each subdiscipline in which casework is performed.

1.4.3.3 (I) Was each examiner proficiency tested annually in each subdiscipline in which casework was performed?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should conduct annual proficiency testing in each discipline using re-examination or blind techniques.

1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?	<u> </u>	<u>✓</u>	<u> </u>
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Each examiner must be proficiency tested at least once, during each five-year accreditation cycle, in each subdiscipline in which the examiner performs casework examinations and issues report.

1.4.3.5 (E) Was each examiner proficiency tested at least once, during the previous five-year accreditation cycle, in every subdiscipline in which the examiner performed casework examinations and issued reports?	<u>✓</u>	<u> </u>	<u> </u>
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MANAGEMENT

The laboratory director should have a minimum of a baccalaureate degree in a natural science, criminalistics or a closely related field. If the director lacks a scientific background, then there should be support within management by personnel with appropriate scientific background.

2.1.1 (I) Does the laboratory director possess a degree in a natural science, criminalistics or in a closely related field, or is the laboratory director supported by scientific personnel of sufficient managerial rank and authority?	<u>✓</u>	<u> </u>	<u> </u>
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A laboratory director should have at least five years of forensic science experience performing casework in one of the ASCLD/LAB accredited disciplines.

2.1.2 (D) Does the laboratory director have at least five years of forensic science experience?	<u>✓</u>	<u> </u>	<u> </u>
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Additional education in management or business administration by college course work or short training courses (or both) is recommended.

2.1.3 (D) Does the laboratory director have some formal training in management?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory director should have at least two years of experience in management.

	Yes	No	N/A
2.1.4 (D) Does the laboratory director have at least two years of managerial experience?	<u>✓</u>	<u> </u>	<u> </u>

CONTROLLED SUBSTANCES

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.

2.2.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures as applied to the tasks performed.

2.2.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have successfully completed a competency test.

2.2.3 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u> </u>	<u> </u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.2.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u> </u>	<u> </u>
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TOXICOLOGY

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, toxicology, criminalistics or in a closely related field is required.

2.3.1 (E) Does each examiner have a baccalaureate or advanced degree in a natural science, toxicology, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

2.3.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have successfully completed a competency test.

	Yes	No	N/A
2.3.3 (E) Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u> </u>	<u> </u>

A proficiency test must be successfully completed by each examiner at least annually.

2.3.4 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u> </u>	<u> </u>
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TRACE EVIDENCE

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.

2.4.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u> </u>	<u> </u>	<u>✓</u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

2.4.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u> </u>	<u> </u>	<u>✓</u>
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A competency test must be successfully completed prior to working cases of each evidence type.

2.4.3 (E) Did each examiner successfully complete a competency test in each of the subdisciplines processed prior to assuming casework responsibility?	<u> </u>	<u> </u>	<u>✓</u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.4.4 (E) Did each examiner successfully complete an annual proficiency test?	<u> </u>	<u> </u>	<u>✓</u>
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BIOLOGY

Examiners must have education and experience/training commensurate with the examinations and testimony provided. A baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field is required.

2.5.1 (E) Does each examiner possess a baccalaureate or advanced degree in a natural science, criminalistics or in a closely related field and does each have experience/training commensurate with the examinations and testimony provided?	<u>✓</u>	<u> </u>	<u> </u>
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		Yes	No	N/A
2.5.2 (E)	Does each examiner performing DNA analysis have education, training and experience consistent with those required by the quality assurance audit document?	<u>✓</u>	<u> </u>	<u> </u>

Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures applied to the tasks performed.

2.5.3 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have successfully completed a competency test.

2.5.4 (E)	Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u> </u>	<u> </u>
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A proficiency test must be successfully completed by each examiner at least annually?

2.5.5 (E)	Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u> </u>	<u> </u>
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Two proficiency tests must be successfully completed by each DNA examiner annually.

2.5.6 (E)	Did each examiner performing DNA analysis successfully complete two annual proficiency tests from an approved test provider?	<u>✓</u>	<u> </u>	<u> </u>
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FIREARMS/TOOLMARKS

Firearms/toolmarks examiners should have a baccalaureate degree with science courses.

2.6.1 (I)	Does each examiner possess a baccalaureate degree with science courses?	<u> </u>	<u>✓</u>	<u> </u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

2.6.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have education and experience/training commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.

2.6.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must successfully complete a competency test.

	Yes	No	N/A
2.6.4 (E) Did each examiner successfully complete a competency test prior to assuming case work responsibility?	<u>✓</u>	<u> </u>	<u> </u>

A proficiency test must be successfully completed by each examiner at least annually.

2.6.5 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	<u> </u>	<u> </u>
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QUESTIONED DOCUMENTS

Questioned document examiners should have a baccalaureate degree with science courses.

2.7.1 (I) Does each examiner possess a baccalaureate degree with science courses?	<u> </u>	<u> </u>	<u>✓</u>
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Examiners must have a good understanding of the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

2.7.2 (E) Does each examiner understand the instruments, and the methods and procedures used?	<u> </u>	<u> </u>	<u>✓</u>
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Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified document examiner has been completed.

2.7.3 (E) Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u> </u>	<u> </u>	<u>✓</u>
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Examiners must have successfully completed a competency test.

2.7.4 (E) Did each examiner successfully complete a competency test prior to assuming case work responsibility?	<u> </u>	<u> </u>	<u>✓</u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.7.5 (E) Did each examiner successfully complete an annual proficiency test?	<u> </u>	<u> </u>	<u>✓</u>
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LATENT PRINTS

Latent print examiners should have a baccalaureate degree with science courses.

2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?	<u> </u>	<u>✓</u>	<u> </u>
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Examiners must have a good understanding of the concept of individualization and the principles, uses and limitations of the instruments, and the methods and procedures used as applied to the tasks performed.

		Yes	No	N/A
2.8.2 (E)	Does each examiner understand the instruments, and the methods and procedures used?	<u>✓</u>	<u> </u>	<u> </u>

Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified latent print examiner has been completed.

2.8.3 (E)	Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations and testimony provided?	<u>✓</u>	<u> </u>	<u> </u>
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Examiners must have successfully completed a competency test.

2.8.4 (E)	Did each examiner successfully complete a competency test prior to assuming casework responsibility?	<u>✓</u>	<u> </u>	<u> </u>
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A proficiency test must be successfully completed by each examiner at least annually.

2.8.5 (E)	Did each examiner successfully complete an annual proficiency test?	<u> </u>	<u>✓</u>	<u> </u>
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TECHNICAL SUPPORT

The individual must meet the specification of the job description.

2.9.1 (E)	Do technical support personnel meet the requirements of their job descriptions?	<u> </u>	<u> </u>	<u>✓</u>
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The job description and the duties performed must be in agreement.

2.9.2 (E)	Are the job descriptions and the duties performed in agreement?	<u> </u>	<u> </u>	<u>✓</u>
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Technical support staff must have successfully completed an appropriate competency test.

2.9.3 (E)	Did each member of the technical support staff successfully complete an appropriate competency test prior to assuming casework responsibility?	<u> </u>	<u> </u>	<u>✓</u>
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Technical support personnel must successfully complete an appropriate proficiency test annually.

2.9.4 (E)	Did all technical support personnel successfully complete an appropriate proficiency test, annually?	<u> </u>	<u> </u>	<u>✓</u>
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Two proficiency tests must be successfully completed annually by all technical support personnel performing DNA analysis.

	Yes	No	N/A
2.9.5 (E) Did all technical support personnel performing DNA analysis successfully complete two annual proficiency tests from an approved test provider?	_____	_____	<u>✓</u>

CRIME SCENE

The examiner must meet the requirements of the job description.

2.10.1 (E) Do examiners meet the requirements of their job descriptions?	<u>✓</u>	_____	_____
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Examiners must have a good understanding of the concept and theory of scene security and integrity, and the uses and limitations of the equipment, methods and procedures used to document and process crime scenes, as applied to the tasks performed.

2.10.2 (E) Does each examiner understand the equipment, methods and procedures used?	<u>✓</u>	_____	_____
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Examiners must have training and experience commensurate with the examinations, documentation and testimony provided, as applied to the tasks performed. Independent examinations and documentation at crime scenes must not be undertaken until extensive instruction from a qualified examiner has been completed.

2.10.3 (E) Did each examiner have extensive training from a qualified examiner and does each have experience commensurate with the examinations/documentation and testimony provided?	<u>✓</u>	_____	_____
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Examiners must have successfully completed a competency test(s) as applied to the task(s) performed.

2.10.4 (E) Did each examiner successfully complete a competency test(s) prior to primary responsibility for the examination, documentation and processing of a crime scene?	<u>✓</u>	_____	_____
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A proficiency test must be completed by each person conducting crime scene examinations at least annually. The proficiency test should reflect the types of procedures, methods and equipment as applied to the typical task(s) performed.

2.10.5 (E) Did each examiner successfully complete an annual proficiency test?	<u>✓</u>	_____	_____
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DIGITAL & MULTIMEDIA EVIDENCE

Digital and multimedia evidence examiners should have a baccalaureate degree with science courses.

2.11.1 (I) Does each examiner possess a baccalaureate degree with science courses?	_____	_____	<u>✓</u>
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Examiners must have a good understanding of the principles, uses and limitations of the hardware, software, and the methods and procedures as applied to the tasks performed.

	Yes	No	N/A
2.11.2 (E) Does each examiner understand the equipment, programs, methods and procedures used?	_____	_____	✓ _____

Examiners must have education and training/experience commensurate with the examinations and testimony provided. Independent case examinations must not be undertaken until extensive instruction from a qualified examiner has been completed.

2.11.3 (E) Does each examiner have experience commensurate with the examinations/documentation and testimony provided?	_____	_____	✓ _____
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Examiners must have successfully completed a competency test.

2.11.4 (E) Did each examiner successfully complete a competency test in each subdiscipline prior to assuming casework responsibility?	_____	_____	✓ _____
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A proficiency test must be successfully completed by each examiner at least annually.

2.11.5 (E) Did each examiner successfully complete an annual proficiency test?	_____	_____	✓ _____
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Each employee should have adequate work space to accomplish assigned tasks.

3.1.1 (I) Does each employee have adequate work space to accomplish assigned tasks?	✓ _____	_____	_____
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Sufficient space should be provided for storage of supplies, equipment and tools.

3.1.2 (D) Is there sufficient space provided for storage of supplies, equipment and tools?	✓ _____	_____	_____
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Examiners should have space available for writing reports and other official communications.

3.1.3 (I) Is there adequate space available for examiners for writing reports and other official communications?	✓ _____	_____	_____
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Adequate and appropriate space should exist for records and reference materials.

3.1.4 (I) Is there adequate and appropriate space available for records, reference works and other necessary documents?	✓ _____	_____	_____
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Sufficient space should be available for instrumentation/equipment to facilitate its operation.

3.1.5 (I) Is adequate space available for instrumentation/equipment to facilitate its operation?	✓ _____	_____	_____
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Accessories should be stored near instrumentation/equipment to facilitate its use and operation.

Yes No N/A

3.1.6 (D) Are accessories stored near instrumentation/equipment to facilitate its use and operation? ✓

The physical design should permit the efficient flow of evidence from the time of its acceptance until its proper disposal.

3.2.1 (I) Does the physical design permit the efficient flow of evidence from the time of its acceptance until its proper disposal? ✓

The relative locations of functional areas should facilitate the use of equipment and instruments.

3.2.2 (D) Do the relative locations of functional areas facilitate the use of equipment and instruments? ✓

Adequate and proper lighting should be available for personnel to carry out assigned tasks.

3.2.3 (I) Is there adequate and proper lighting available for personnel to carry out assigned tasks? ✓

Adequate and proper plumbing and wiring should be available and accessible to carry out assigned tasks.

3.2.4 (I) Is there adequate and proper plumbing and wiring available and accessible to carry out assigned tasks? ✓

The laboratory should have proper general ventilation.

3.2.5 (I) Does the laboratory have proper general ventilation? ✓

There should be adequate heating, cooling and humidity control in the laboratory.

3.2.6 (I) Is the heating, cooling and humidity control in the laboratory adequate? ✓

Access to the operational area of the laboratory must be controllable and limited to those individuals who are assigned to routinely work in the area or to those individuals designated by the laboratory director to have access.

3.3.1 (E) Is access to the operational area of the laboratory controllable and limited? ✓

All exterior entrance/exit points require adequate security control.

3.3.2 (E) Do all exterior entrance/exit points have adequate security control? ✓

Internal areas requiring limited/controlled access must have a lock system.

		Yes	No	N/A
3.3.3 (E)	Do all internal areas requiring limited/controlled access have a lock system?	<u>✓</u>	<u> </u>	<u> </u>

Accountability of all keys, magnetic cards, etc., must be documented and their distribution limited to those individuals designated by the laboratory director to have access.

3.3.4 (E)	Is distribution of all keys, magnetic cards, etc., documented and is distribution limited to those individuals designated by the laboratory director to have access?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory must be monitored during vacant hours by an intrusion alarm or by security personnel.

3.3.5 (E)	Is the laboratory secured during vacant hours by means of an intrusion alarm or by security personnel?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should have a fire detection system.

3.3.6 (I)	Does the laboratory have a fire detection system?	<u>✓</u>	<u> </u>	<u> </u>
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All elements of a laboratory's health and safety program must be clearly documented in a manual. The program should be monitored and the manual kept current by a health and safety manager.

3.4.1 (I)	Does the laboratory have an effective health and safety program documented in a manual?	<u>✓</u>	<u> </u>	<u> </u>
3.4.2 (I)	Is an individual designated as the health and safety manager?	<u>✓</u>	<u> </u>	<u> </u>
3.4.3 (I)	Is the health and safety program monitored regularly and reviewed annually to ensure that its requirements are being met?	<u>✓</u>	<u> </u>	<u> </u>

The laboratory should have available and encourage the use of safety devices (particularly those required in its health and safety manual). Examples of such devices are goggles, face protectors, ear protectors, gloves and fire extinguishers.

3.4.4 (I)	Does the laboratory have available and encourage the use of safety devices, particularly those required by its health and safety manual?	<u>✓</u>	<u> </u>	<u> </u>
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Proper equipment and material should be available for the handling of carcinogenic, toxic and/or other dangerous material spills.

3.4.5 (I)	Does the laboratory have proper equipment and material available for the handling of carcinogenic, toxic and/or other dangerous material spills?	<u>✓</u>	<u> </u>	<u> </u>
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The laboratory should have safety shower and eye wash equipment in appropriate locations and in good working condition.

		Yes	No	N/A
3.4.6 (I)	Does the laboratory have safety shower and eye wash equipment in appropriate locations and in good working condition?	<u>✓</u>	<u> </u>	<u> </u>

Exhaust hoods must be available to maintain a safe work environment.

3.4.7 (I)	Are sufficient exhaust hoods available to maintain a safe work environment?	<u>✓</u>	<u> </u>	<u> </u>
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Sufficient first-aid kits should be available and strategically located.

3.4.8 (I)	Are sufficient first-aid kits available and strategically located?	<u>✓</u>	<u> </u>	<u> </u>
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An adequate number of personnel should hold current certification in first-aid.

3.4.9 (I)	Does the laboratory have an adequate number of personnel holding current certification in first-aid?	<u>✓</u>	<u> </u>	<u> </u>
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Space should be provided for safe storage of volatile, flammable, explosive and other hazardous materials.

3.4.10 (I)	Is appropriate space provided for safe storage of volatile, flammable, explosive and other hazardous materials?	<u>✓</u>	<u> </u>	<u> </u>
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Emergency exits from the laboratory should be in compliance with safe working requirements.

3.4.11 (I)	Are the emergency exits from the laboratory adequate for safe exit in an emergency?	<u>✓</u>	<u> </u>	<u> </u>
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General cleanliness and good-housekeeping should be apparent.

3.4.12 (D)	Is there general cleanliness and apparent good-housekeeping in the laboratory?	<u>✓</u>	<u> </u>	<u> </u>
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SUMMARY

The following summarizes the criteria for which the Inspection Team determined the laboratory to not be in compliance at the time of the inspection and documents the basis for the findings. The summary also identifies criteria which were determined to be not applicable and the basis for that determination:

- 1.1.2.5 (E) Does clearly written and well understood documentation or procedure exist for preparation, storage, security and disposition of case records and reports?

The procedures for the preparation of case records are not clearly written or understood. The Division procedure identifies the laboratory number as the unique identifier, however this designator is not used throughout all disciplines in the laboratory as the unique identifier.

The procedures for the security and retrieval of crime scene photographic images are not clearly written or well understood. The crime scene procedure instructs the examiners to download all crime scene photographic images to the Digital Crime Scene Management System. There are no procedures after the downloading as to how the images are secured and how they would be later obtained for viewing.

- 1.2.1.1 (D) Does the organizational structure group the work and personnel in a manner that allows for efficiency of operation, taking into account the interrelation of various forensic disciplines?

The laboratory does not have sufficient supervision for the Latent Print Section which creates an organizational structure that does not allow for an efficient operation. Interviews with the staff indicated the need for more immediate attention when issues arise that may have an impact on the quality of the work.

- 1.4.1.1 (E) Does the laboratory have a written or secure electronic chain of custody record with all necessary data which provides for complete tracking of all evidence?

Recent laboratory procedure changes were implemented regarding the process to ensure a complete tracking of custody for vehicles submitted for processing at their remote off-site facility. At the time of this inspection there was insufficient objective evidence of compliance with the procedure change.

- 1.4.1.2 (E) Is all evidence marked for identification?

The evidence examined in NIBIN casework is not marked with the unique laboratory identifier.

- 1.4.1.4 (E) Is evidence protected from loss, cross transfer, contamination and /or deleterious change?

Digital images of non-recoverable impressions taken at crime scenes are maintained as examination documentation rather than treated as evidence.

1.4.1.5 (E) Is there a secure area for overnight and/or long-term storage of evidence?

Vehicles stored at a remote off-site processing laboratory facility are not maintained in a secure area.

1.4.2.3 (E) Did the accredited laboratory conduct and document an annual audit of its operations and submit an annual accreditation audit report to ASCLD/LAB by the required deadline?

The laboratory submitted an annual accreditation audit report for each of the five years since the previous accreditation inspection. However, the reports were not completely accurate as the reports were scored “No” for the section which asks “Did an inconsistency or error on a proficiency test or casework occur that required corrective action to be implemented?” A review of proficiency test records revealed nonconformities in proficiency tests that did initiate corrective actions but were not reported on the annual reports.

1.4.2.7 (E) Are the technical procedures used by the laboratory documented and are the documents available to laboratory personnel for review?

The procedure for bloodstain analysis does not include the scope of examinations conducted within the laboratory. There are no documented procedure for bloodstain analysis which includes the review of video images, photographs and crime scene notes.

1.4.2.16 (E) Are conclusions and opinions in reports supported by data available in the case record, and are the examination documents sufficiently detailed such that, in the absence of the examiner(s), another competent examiner or supervisor could evaluate what was done and interpret the data?

Reports are issued stating that the test firing was performed and that the test fires were entered into NIBIN. However, searches are not documented in the case record at the time of the examination. The absence of this information prohibits another competent examiner from evaluating what was done and interpreting the data.

Conclusions in some crime scene reports were not supported by the examination documentation, for example, the reporting of the presence of blood at a crime scene when only presumptive testing was performed.

1.4.2.17 (E) Is examination documentation of a permanent nature and is it free of obliterations and erasures?

The laboratory stores much of its examination documentation in an electronic format but does not have a procedure that tracks changes to the documentation after the documentation is stored. The software employed can track that a change has been made; however, it does not identify the specific changes.

1.4.2.20 (E) Where associations are made, is the significance of the association communicated clearly and qualified properly in the report?

There is no clear definition in the Latent Print procedure of what is meant when reporting an association as “inconclusive”, “didn’t match” or “not made by.”

- 1.4.2.22 (E) Does the laboratory have, use and document a system of technical review of the reports to ensure that the conclusions of its examiners are reasonable and within the constraints of scientific knowledge?

The laboratory uses a system of technical review in latent prints, however, the elements assessed and documented during the review are not clearly understood by the examiners as evidenced by interviews and a review of completed technical review forms.

- 1.4.2.25 (E) If the laboratory has an indication of a significant technical problem, is there a procedure in writing and in use whereby the laboratory initiates a review and takes any corrective action required?

For the years 2005, 2006 and 2007, results reported by different examiners for eight external latent print proficiency tests, were inconsistent with the expected results, indicating a potentially significant technical problem. The documentation for these inconsistencies reflects that no corrective action was initiated.

- 1.4.3.1 (E) Does the laboratory have a documented program of proficiency testing?

The grading system used by the laboratory when assessing the performance of the reported test results and the vendors expected result is not consistently applied or well understood. The laboratory is using “satisfactory”, “satisfactory with exception” and “unsatisfactory” when scoring the test results without clearly defining significance of each result.

- 1.4.3.4 (I) Does the laboratory conduct proficiency testing using re-examination or blind techniques?

The laboratory does not conduct proficiency testing using re-examination or blind techniques.

- 2.6.1 (I) Does each examiner possess a baccalaureate degree with science courses?

One firearm/toolmarks examiner does not possess a baccalaureate degree.

- 2.8.1 (I) Does each examiner possess a baccalaureate degree with science courses?

Examiners in latent prints do not all possess a baccalaureate degree.

- 2.8.5 (E) Did each examiner successfully complete an annual proficiency test?

In the Latent Print discipline for the years 2005, 2006 and 2007 there were inconsistencies identified between the expected and reported results for annual proficiency tests. A review of the laboratory’s proficiency review forms for eight tests reported by different examiners did not indicate the successful completion of a corrective action.

All criteria for sections 2.4 Trace Evidence, 2.7 Questioned Documents, and 2.11 Digital & Multimedia Evidence were scored N/A because the laboratory does not perform work in the disciplines.

All criteria for section 2.9, Technical Support, were scored N/A because the laboratory does not employ technical support personnel

SUMMATION OF CRITERIA RATINGS

	Total Possible	Total Yes	Total No	Total N/A	Total Number Yes/No
Essential	91	60	14	17	74
Important	45	40	3	2	43
Desirable	16	15	1	0	16

Percent Essential: 81%

Percent Important: 93%

Percent Desirable: 94%

Areas sought for accreditation are as follows:

Controlled Substances

Crime Scene

Toxicology (blood alcohol only)

Latent Prints

Biology

Firearms/Toolmarks

Prepared by: Rodney H. Andrus, ASCLD/LAB Staff Inspector

Ralph M. Keaton

Ralph M. Keaton, Executive Director